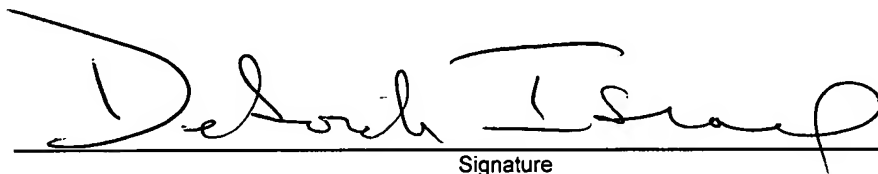


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Request for Continued Examination (RCE) Transmittal (1 page)  
Information Disclosure Statement (2 pages)  
IDS (Citation) by Applicant (PTO/SB/08a/b) (2 References) (1 page)  
Amendment (7 pages)  
Fee Transmittal (1 page)  
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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/523,775-Conf. #5722 Filing Date: March 17, 2005 First Named Inventor: Frank Alt Examiner Name: L. S. Choi Art Unit: 1713 Attorney Docket No.: 09086-00219-US	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 50.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-2775</u> Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
							180
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
22		- 20 = 1		x 50.00		= 100.00	
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
3		- 3 =		x		=	
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	
_____		- 100 = _____		/ 50 _____		(round up to a whole number) x _____ = _____	
							<b>Fee Paid (\$)</b>
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>			
Signature	<i>Helena C. Rychlicki</i>	Registration No. (Attorney/Agent)	48,179
Name (Print/Type)	Helena C. Rychlicki	Telephone	(302) 658-9141
		Date	July 18, 2006

07/24/2006 ATRAN1 00000131 032775 10523775

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